

J10390 06/22/01
PTO

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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Re-issue

J10390 06/22/01
09/885942 PTO

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	Q43872
	First Named Inventor	Watanabe
	Original Patent Number	5,914,548
	Original Patent Issue Date (Month/Day/Year)	June 22, 1999
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other:	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
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Signature	Steven M. Gruskin	Date	6/22/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 043872				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 42	**** 18 =	x \$ _____ =		x \$ 1.8 =	324.00	
(C) 6	Independent claims (37 CFR 1.16(i))	(D) 12	* 6 =	x \$ _____ =		x \$ 80 =	480.00	
				Basic Fee (37 CFR 1.16(h)) \$ _____				
				Total Filing Fee \$ _____		OR \$1,514.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =	x \$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =	x \$ _____ =		
				Total Additional Fee \$ _____		OR \$ _____		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-4880. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 1,514.00 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
June 22, 2001 Date				 Signature of Applicant, Attorney or Agent of Record				
				<u>Steven M. Gruskin, Reg. No. 36,818</u> Typed or printed name				

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

05/26/2001 WLAKEW1 00000001 09885942

01 FD-108	710.00	OP
02 FD-108	480.00	OP
03 FD-110	324.00	OP

PTO-1556
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